

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/597599.*

FILING DATE

**20 NOV 2007**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		3		/		
6		0		/		
7		0		/		
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9		0		/		
10		0		/		
11		0		/		
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42		/		/		
43		/		/		
44		0		/		
45		0		/		
46		0		/		
47		0		/		
48		0		/		
49		0		/		
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	51	←	47	←		←
TOTAL CLAIMS	53		49			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						